

ARIZONA DEPARTMENT OF WATER RESOURCES

Water Management Division 3550 North Central Ave, 2nd Floor Phoenix, Arizona 85012-2105 Phone (602) 771-8585 Fax (602) 771-8689

APPLICATION FOR UNDERGROUND STORAGE FACILITY PERMIT (A.R.S. § 45-811.01) FOR OFFICE USE ONLY APPLICATION FEE \$ 750.00 DUE UPON FILING Application No.: 71-211286 PERMIT FEE OF \$ 500.00, PLUS NOTICE AND PUBLICATION FEES Date Received: 7-2-07 TO BE DETERMINED, WILL BE DUE PRIOR TO ISSUANCE OF PERMIT PLEASE SUBMIT ONE ORIGINAL AND THREE COPIES OF THE COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS FACILITY DESIGN: (check one) APPLICATION FOR: (check one) Constructed ▼ Underground Storage Facility (USF) Managed ☐ Modification of USF permit no.: 71-___ Renewal of USF permit no.: GENERAL INFORMATION 1. Name of Applicant: Picacho Sewer Company 9532 E. Riggs Road Sun Lakes 85248 Mailing Address City State Contact Person: Jim Poulos Telephone: 480-895-4251 Fax: 480-895-4347 2. Is this a State Demonstration Project? _____ Yes X No (NOTE: Pursuant to A.R.S. § 45-893.01, only Conservation Districts qualify to participate in State Demonstration Project program.) 3. Name of Active Management Area or Irrigation Non-Expansion Area where the facility will be located: Pinal AMA (If the facility is NOT located within an AMA or INA, please indicate "NONE.") 4. Name of groundwater basin and subbasin where the facility will be located:

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5. Legal description of the location of the facility: Sections 32 and 34, Township 6 South, Range 6 East

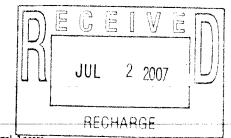
(quarter/quarter/section, township and range - see Appendix C of USF Application Guide)

Pinal AMA and Eloy Sub-basin

Sections 4 and 9, Township 7 South, Range 7 East



6.	Does the applicant own the land where t	he facility is to be loc	ated?	Yes X No						
7.	The total design capacity of the facility:	70,000								
	, , , , , , , , , , , , , , , , , , , ,	(acre-J	eet to be stored o	ver the duration of the USF permit)						
8.	The maximum annual amount of water p	proposed for storage at	this facility: <u>3</u>							
	- 20 year	~		(acre-feet per year)						
9.	Proposed duration of permit: 20 year	S	(sears)							
10.	Type of source water to be stored:		(, , ,							
	☐ CAP Water	fluent	☐ Decreed and Surface Wa	•••						
	If Decreed and Appropriative Surface	ce Water, list river(s):								
11.	I agree under penalty of law to obtain an									
beginning any construction activities, as required by A.R.S. § 45-811.01(C)(4). X Agree Disagree										
12.	12. For managed USFs where effluent will be stored only: Are you requesting that this facility be designated as a									
	facility that could add value to a national park, national monument or state park, as described in A.R.S. § 45-									
	811.01(D)?									
	□ Yes □ No N/A									
	nate a Managed Underground Storage									
	Facility as one that could add value to a	national park, national	monument, or st	ate park and all additional information						
	as described on the USF Permit Applicat	ion Supplement.								
13.	For permit modifications only, give a b	rief description of the	modification(s) re	equested by this application: N/A						
13. For permit modifications only, give a brief description of the modification(s) requested by this application: N/A										
3		SUPPORTING E	VIDENCE							
subr USF	ck the following items that have been in nitted prior to receiving a complete and co permit, submit only those items that appl Application Report in the USF Application	rrect determination by y to the modification.	y the Department.	For a modification to an existing						
14.	USF Site and Facility Characteristics:									
2	∑ Site Characteristics	∑ Geology								
1	Facility Characteristics	X Hydrogeology								
15.	Unreasonable Harm and Hydrologic Feas:	ibility Analysis:								
	Procedures and Results for Calculating	•	pact and Moundi	ng Analysis						
	Land and Water Use Inventory	ႍX Unreasonable H	-	☑ Monitoring Plan						
2	Water Quality	X Hydrologic Fear	sibility Conclusion	ns 🛛 Operation and Maintenance						



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16. Legal Requirements:				RECHARG
X Technical Capability	X Financial	Capability	X Legal Access	
	NOTARIZE	D SIGNATURE		
I (We). Jim Poulos		, the applicant(s) r	named in this applica	tion, do hereby
certify under the penalty of perjury, that the				
knowledge and belief true, correct and comp	lete.			
		ı		
480-895-4251		A		
l'elephone	Sign	nature of owner or autho	orized agent	
	•	General Manage	r	
	Titl	ė		
9532 E. Riggs Road		Sun Lakes	AZ	85248
Mailing Address		City	State	Zip
STATE OF ARIZONA)			
COUNTY OF MANIADOR) ss. `			
Country of Max / Corple)			
	, /	41.		• •
Subscribed and swom to before me this	day	y of May		10 <u>07</u>
A1	مو	MARGARE	T E. GOMPERT	
llarguette Gompart		Notary Pu	iblic - Artzona osa County	; •
Votary Public	18	My Comm Septem	ission Expires ber 30, 2007	•

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My commission expires